

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

| | | |
|--|--|-----------------------|
| Offender Name : LEWIS, JIMMY | SBI# : 00506622 | Institution : DCC |
| Grievance # : 15243 | Grievance Date : 07/09/2005 | Category : Individual |
| Status : Unresolved | Resolution Status : | Resol. Date : |
| Grievance Type: Health Issue (Medical) | Incident Date : 06/25/2005 | Incident Time : |
| IGC : Merson, Lise M | Housing Location : Bldg 19, Upper, Tier D, Cell 12, Single | |

OFFENDER GRIEVANCE DETAILS

Description of Complaint: inmate claims after being transferred back to DOC on 6-25-2005 from DE Psychiatric Center he reported illnesses Insomnia, headaches, delusions, hallucinations, ear ringing, dizziness, vertigo tremors and speech problems. Dr. Adrumburo agreed with inmate could be the side effects of psychotropic medicines inmate received at DPC. Inmate claims Dr. Adrumburo explained that the symptoms are side effects of Geoson, Haldol, Seroquel, ativan and Benadryl, in which could also very well be signs of brain damage.

Remedy Requested : Inmate requests an MRI and or CAT scan in order to determine if he has brain damage as well as to determine if his psychological dilemma's are in relation to brain damage.

INDIVIDUALS INVOLVED

| Type | SBI # | Name |
|------|-------|------|
| | | |

ADDITIONAL GRIEVANCE INFORMATION

| | |
|---------------------------------|--|
| Medical Grievance : YES | Date Received by Medical Unit : 07/12/2005 |
| Investigation Sent : 07/12/2005 | Investigation Sent To : Breton, Monique |
| Grievance Amount : | |

DCC Delaware Correctional Center
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SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : LEWIS, JIMMY SBI# : 00506622 Institution : DCC
Grievance # : 15114 Grievance Date : 07/04/2005 Category : Individual
Status : Unresolved Resolution Status : Resol. Date :
Grievance Type: Health Issue (Medical) Incident Date : 07/04/2005 Incident Time :
IGC : Vargas, Rosalie Housing Location : Bldg 19, Upper, Tier D, Cell 12, Single

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate states experiencing complications in groin, pain in testicles and pain during urination. Was taken to urologist and was scheduled to return for follow up but have not received it.

Remedy Requested : I want to be rescheduled to visit my urologist in order to obtain treatment for problems in my groin

INDIVIDUALS INVOLVED

| Type | SBI # | Name |
|------|-------|------|
|------|-------|------|

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES Date Received by Medical Unit : 07/08/2005
Investigation Sent : 07/08/2005 Investigation Sent To : Breton, Monique
Grievance Amount :

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE. 19977
Phone No. 302-653-9261

Date: 07/08/2005

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

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|--|--|-----------------------|
| Offender Name : LEWIS, JIMMY | SBI# : 00506622 | Institution : DCC |
| Grievance # : 15114 | Grievance Date : 07/04/2005 | Category : Individual |
| Status : Unresolved | Resolution Status : | Resol. Date : |
| Grievance Type: Health Issue (Medical) | Incident Date : 07/04/2005 | Incident Time : |
| IGC : Vargas, Rosalie | Housing Location : Bldg 19, Upper, Tier D, Cell 12, Single | |

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate states experiencing complications in groin, pain in testicles and pain during urination. Was taken to urologist and was scheduled to return for follow up but have not received it.

Remedy Requested : I want to be rescheduled to visit my urologist in order to obtain treatment for problems in my groin

INDIVIDUALS INVOLVED

| Type | SBI # | Name |
|------|-------|------|
|------|-------|------|

ADDITIONAL GRIEVANCE INFORMATION

| | |
|---------------------------------|--|
| Medical Grievance : YES | Date Received by Medical Unit : 07/08/2005 |
| Investigation Sent : 07/08/2005 | Investigation Sent To : Breton, Monique |
| Grievance Amount : | |

Inmate Copy

1301 E. 12th Street
WILMINGTON DE, 19809
Phone No. 302-429-7700

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

| | | |
|--|--|-----------------------|
| Offender Name : LEWIS, JIMMY | SBI# : 00506622 | Institution : HRYCI |
| Grievance # : 9686 | Grievance Date : 12/14/2004 | Category : Individual |
| Status : Unresolved | Resolution Status: | Inmate Status : |
| Grievance Type: Health Issue (Medical) | Incident Date : 12/14/2004 | Incident Time : |
| IGC : Moody, Mary | Housing Location : Building 1, West, Floor 1, Pod 1E, Cell 15, Bed A | |

INFORMAL RESOLUTION

Investigator Name : Sutton, Georgia

Date of Report 12/17/2004

Investigation Report : I/M refused to sign. Feels he does not receive medical care on PCO levels.

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

1301 E. 12th Street
WILMINGTON DE, 19809
Phone No. 302-429-7700

GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

| | | |
|--|--|-----------------------|
| Offender Name : LEWIS, JIMMY | SBI# : 00506622 | Institution : HRYCI |
| Grievance # : 9686 | Grievance Date : 12/14/2004 | Category : Individual |
| Status : Unresolved | Resolution Status: | Inmate Status : |
| Grievance Type: Health Issue (Medical) | Incident Date : 12/14/2004 | Incident Time : |
| IGC : Moody, Mary | Housing Location : Building 1, West, Floor 1, Pod 1E, Cell 15, Bed A | |

MGC

Date Received : 12/29/2004

Date of Recommendation: 01/18/2005

GRIEVANCE COMMITTEE MEMBERS

| Person Type | SBI # | Name | Vote |
|-------------|-------|-------------------|--------|
| Staff | | Breton, Monique | Uphold |
| Staff | | Cerisier, Danivia | Uphold |
| Staff | | Gallier, Denise | Uphold |

VOTE COUNT

Uphold : 3

Deny : 0

Abstain : 0

TIE BREAKER

| Person Type | SBI # | Name | Vote |
|-------------|-------|------|------|
|-------------|-------|------|------|

RECOMMENDATION

MGC convened 1-18-05

The Committee recommends that the grievance be upheld. When offenders are on PCO II Status, they are not permitted to have paper and pencils/pens on thier person. I/M Lewis would not have been able to submit a sick call slip. In the future Medical Staff will be more aware of complaints from offenders housed on this status and communicate appropriate needs to providers.

I/M Lewis wants to appeal.

HRYCI Howard R. Young Correctional Institution

Date: 01/27/2005

1301 E. 12th Street
WILMINGTON DE, 19809
Phone No. 302-429-7700

GRIEVANCE INFORMATION - Appeal**OFFENDER GRIEVANCE INFORMATION**

| | | |
|--|--|-----------------------|
| Offender Name : LEWIS, JIMMY | SBI# : 00506622 | Institution : HRYCI |
| Grievance # : 9686 | Grievance Date : 12/14/2004 | Category : Individual |
| Status : Unresolved | Resolution Status : | Inmate Status : |
| Grievance Type: Health Issue (Medical) | Incident Date : 12/14/2004 | Incident Time : |
| IGC : Moody, Mary | Housing Location : Building 1, West, Floor 1, Pod 1E, Cell 15, Bed A | |

APPEAL REQUEST

Appeal submitted by Jimmy Lewis, 506622-dated 1-18-05 Ms. Georgia Sutton explained to me that First Correctional Medical and staff are not responsible for cleaning the Psych Close Observation rooms #196 and #197, but F.C.M. is responsible for providing medical treatment when I am prescribed to be on PCO II status. On many occasions in the past, I have tried to obtain medical treatment while I was prescribed to be on PCO II status, only to be told during morning med pass to fill out a sick call slip and submit it? When PCO II status does not permit me to have and or utilize paper, pencils or pens. Due to my chronic mental illness, it is highly probable that I will be prescribed PCO II status again. I have therefore refused to sign the informal resolution on 1/18/05, because I don't want my mental health status to jeopardize my medical needs. Jimmy Lewis

REMEDY REQUEST

Northern State Prison-Main
PO Box 2300 Newark, NJ

Page 1
Chart Document
December 21, 2001

JIMMY LEWIS Inmate Housing Location: Northern State Prison-Main
Male DOB: 12/25/1966 SBI #: 000333795B Booking #: 285933

12/20/2001 - Internal Other: MH Treatment Plan: Update
Provider: Bernice M. Frinch, LCSW
Location of Care: Northern State Prison-Stabilization Unit
This document contains confidential information

Current Problems:

HYPERTENSION, UNSPECIFIED (ICD-401.9)
ANTISOCIAL PERSONALITY DISORDER (A2) (DS4-301.7)
R/O SCHIZOAFFECTIVE DISORDER (A1) (DS4-295.70)
R/O BIPOLAR DISORDER NOS (A1) (DS4-296.80)

Current Medications:

VISTARIL CAPS 100 MG (HYDROXYZINE PAMOATE) Take 1 cap po HS prn Start 11/30/01 End 12/30/01
DEPAKOTE 500 MG 1 tab in am & 2 tabs @ hs x 15 days
RISPERDAL 1 MG 1 tab bid x 15 days
THORAZINE TABS 100 MG (CHLORPROMAZINE HCL) Take 1 tab po Q6h prn agitation

Housing: SU

Strengths and Limitations

Communication good
Medication Compliance good
Supportive Relationship fair
Physical Health fair
Social Skills poor
Estimated Literacy level fair
Insight fair
Motivation for treatment fair
ADL competencies good
Substance Abuse History Hx of drug abuse
Suicide History Hx suicide attempts and ideation

New Problems

Axis IV
Patient has a problem with social environment, criminal and legal system.

Treatment Goals and Modalities

Thought to injure oneself

Problem Definition:

Reoccurrence thought to hurt self evidenced by verbal threat.

Treatment Goals:

Inmate will not hurt other
Inmate will learn new techniques to deal with his upset.
Inmate will eliminate acting out behaviors such as self-harm suicidal threats.

Treatment Modalities:

Psychiatrist will provide daily counseling and medication assessment.
Social worker will provide daily counseling and group session

Northern State Prison-Main
PO Box 2300 Newark, NJ

Page 2
Chart Document
December 21, 2001

JIMMY LEWIS Inmate Housing Location: Northern State Prison-Main
Male DOB: 12/25/1966 SB #: 000333795B Booking #: 285933

Daily individual counseling by psychologist.

Thought to injure others

Problem Definition:

Reoccurrence thought to hurt other evidenced by verbal threats and and argumentative behavior.

Treatment Goals:

Inmate will not hurt other.

Inmate will attend anger management session.

Inmate will demonstrate effective communication skills without threat to hurt other.

Treatment Modalities:

Daily contacts with psychiatrist for medication assessment and prescription.

Daily group session with social worker and focus on anger management.

Daily individual counseling session with psychologist

Additional Notes: Inmate states that he want individual therapy to deal with his attitude because it has become an issues which has prevented him from making choices. He states he is beginning to make threats to solve problem,.

Outpatient treatment plans must have social worker, psychiatrist, psychologist, and inmate signatures.

OT _____ Date _____

SW _____ Date _____

Psychologist _____ Date _____

Psychiatrist _____ Date _____

RN _____ Date _____

Officer _____ Date _____

Jimmy Lewis 12/21/01
Inmate _____ Date _____

Signed by Bernice M. Frinch, LCSW on 12/20/2001 at 10:32 PM

WILMINGTON DEPARTMENT OF POLICE

EXHIBIT # E.P.1

Detainee Assessment / Property Receipt

Detainee's Name: Lewis, Jinnie Case #: 30-03-
Last, First Middle

Charges: Carjacking, Theft Arresting Officer: E. Godwin
 Additional Officer: J. Santana

Detainee's Physical Condition: OK ☒ Other ☐

Explain: (Body deformities/Bruises/Sutures): _____

Medication: Yes ☒ No ☐ Type: PSYCHOTROPIC
THORAZINE, DEPAKOTE, VIOGAL, RISPERDAL

Unusual Behavior:

Explain: DETAINEE STATED THOUGHTS OF SUICIDE,
TRANSFERRED TO M.P.C.J.F INFIRMARY

Detainee's Property

Seized as Evidence

Currency/Coin U.S. Currency: 7.00
 U.S. Coin: 2.26
 Total: 9.26

U.S. Currency: _____
 U.S. Coin: _____
 Total: _____

(Have detainee initial next to totals)

Clothing: BELT, WALLET WITH S.S CARD, LICENCES (NT).

Jewelry: NECKLESS WITH EGYPTION CROSS, DEVIL HORNS AND
CAT EYE CONTACT LENSES

Miscellaneous: 3 SETS OF KEYS (ONE SET VICTIMS),
PSYCH TREATMENT PLAN, AIRTRAK TRAIN TICKET

Officer M. [Signature]
 Officer Receiving Property

05/26/03
 Date

0621 hours
 Time

Officer [Signature]
 Transporting Officer

_____ hours
 Time

I, _____, have received the above property from the Wilmington Department of Police, which was taken from me on the above date. _____ hours.

Date

Time

SATURDAY, JULY 5, 2003

NEWS BRIEFS

**Three injured in jump
from burning boat**

BRICK: Three people suffered minor burns and two others escaped injury when all five jumped from a boat that caught fire in the Barnegat Bay near the Metedeconk River yesterday, Brick Township police said.

The boat was about 30 yards out from an Ocean County marina about 4:30 p.m. when flames engulfed the craft, possibly the result of an explosion, said Sgt. Craig Lash.

All five boaters were rescued, the sergeant said. The boat, which was gutted, drifted to shore and beached itself.

**Public is asked to help
find missing Newark man**

NEWARK: Police are seeking the public's assistance in finding a city resident who suffers from schizophrenia and a bipolar disorder.

Jimmie Lewis Jr., 36, talked last with his mother by telephone on May 19, but wasn't reported missing until June 25, said Lt. Derek Glenn, a city police spokesman.



LEWIS

He said Lewis, described as manic depressive, is 6 feet 2 inches, weighs 230 pounds, has brown eyes, black hair and a dark skin.

Glenn said anyone with information should contact police at (973) 733-5172.

MENTAL HEALTH/PSYCHIATRY OBSERVATION LEVEL

Form to be posted on Inmate's door and then filed in the medical chart when released from watch

Name: Lewis, Jimmy SBI: 506622 Location: Inf-196¹⁹⁷

Date/Time: 6 Dec 04/2230 Ordering Provider: _____

Nurse signature: *Debra Hennessey*

The authorized provider has ordered the patient to be placed on (Please Circle):

| LEVEL I (High Risk) | LEVEL II (Moderate Risk) | LEVEL III (Low Risk) | LEVEL IV (Low Risk) |
|---|--|---|---|
| Isolation room Suicide gown | Isolation room Suicide gown | Housed in infirmary DOC uniforms | Housed in Infirmary DOC uniforms |
| All Restrictions No bed linen No sharps No personal items No pens/pencils No plastic bags No eating utensils OTHERS: _____ | All Restriction No bed linen No sharps No personal items No pens/pencils No plastic bags No eating utensils OTHERS: _____ | Some restrictions No sharps/razors No plastic bags Remove pens/ pencils when not in use OTHERS: _____ | Some restrictions No potentially harmful objects OTHERS: _____ |
| 1:1 Observation | 15 minute checks (staggered intervals no greater than 15 minutes) | 30 minute checks | |
| Supervised bathing/ shaving | Supervised bathing/ shaving | Supervised bathing/ shaving | Unsupervised bathing/shaving |
| 2/3 man back up YES/NO | 2/3 man back up YES/NO | | |

A mental health evaluation is required to downgrade suicide level. A new sheet is required for each level change.

INFIRMARY OBSERVATION LOG

INMATE NAME: Winnie Lewis

TIME ENTERED: _____

DATE: 12-13-04

TIME DISCHARGED: _____

CELL: 193CLASSIFICATION: III

| TIME | OFFICER | SUPERV. | TIME | OFFICER | SUPERV. | TIME | OFFICER | SUPERV. |
|------|---------|---------|------|---------|---------|------|---------|---------|
| 2355 | JD | | 0800 | MLH | | | | |
| 0015 | JD | | 0815 | MLH | | | | |
| 0023 | JD | | 0830 | JKKJ | | | | |
| 0038 | JD | | 0900 | MLH | | | | |
| 0054 | JD | | 0915 | MLH | | | | |
| 0110 | JD | | 0930 | MLH | | | | |
| 0128 | JD | | 0945 | MLH | | | | |
| 0143 | JD | | 1000 | MLH | | | | |
| 0158 | JD | | 1015 | MLH | | | | |
| 0217 | JD | KD0022 | 1030 | MLH | | | | |
| 0233 | JD | | | | | | | |
| 0247 | JD | | | | | | | |
| 0302 | JD | | | | | | | |
| 0308 | JD | LR | | | | | | |
| 0318 | JD | | | | | | | |
| 0335 | JD | | | | | | | |
| 0350 | JD | | | | | | | |
| 0407 | JD | | | | | | | |
| 0423 | JD | | | | | | | |
| 0438 | JD | | | | | | | |
| 0453 | JD | | | | | | | |
| 0508 | JD | | | | | | | |
| 0523 | JD | | | | | | | |
| 0538 | JD | | | | | | | |
| 0553 | JD | | | | | | | |
| 0608 | JD | | | | | | | |
| 0623 | JD | | | | | | | |
| 0638 | JD | | | | | | | |
| 0653 | JD | | | | | | | |
| 0708 | JD | | | | | | | |
| 0723 | JD | | | | | | | |
| 0740 | JD | | | | | | | |

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Free Arthritis Information

Home > Drugs and Medicines > Seroquel

First Time ? [Guide to Prescription Drugs](#) | [Encyclopedia of Medicine](#)



Drugs and Medicines

Brand name:

Seroquel

Pronounced: SER-oh-kwell

Generic name: Quetiapine fumarate

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Why is this drug prescribed?

[Return to top](#)

Seroquel combats the symptoms of schizophrenia, a mental disorder marked by delusions, hallucinations, disrupted thinking, and loss of contact with reality. It is the first in a new class of antipsychotic medications. Researchers believe that it works by diminishing the action of dopamine and serotonin, two of the brain's chief chemical messengers.

Most important fact about this drug

[Return to top](#)

Seroquel may cause tardive dyskinesia--a condition characterized by uncontrollable muscle spasms and twitches in the face and body. This problem can be permanent, and appears to be most common among older adults, especially women.

How should you take this medication?

[Return to top](#)

Your doctor will increase your dose gradually until the drug takes effect. If you stop Seroquel for more than 1 week, you'll need to build up to your ideal dosage once again.

--If you miss a dose...

Take it as soon as you remember. If it is almost time for the next dose, skip the one you missed and go back to your regular schedule. Do not take 2 doses at once.

--Storage instructions...

HEALTH INFORMATION CENTER

AIDS / HIV

Allergies

Anxiety

Arthritis

Asthma

Anxiety

Breast Cancer
 Cardiac Disease
 Cancer
 Depression
 Diabetes
 Digestive Problems
 Headaches
 High Blood Pressure
 High Cholesterol
 Infections
 Kidney Disease
 Liver Disease
 Migraines
 Respiratory Problems
 Sexually Transmitted Diseases
 Urological Conditions

Store at room temperature.

What side effects may occur?

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Side effects cannot be anticipated. If any develop or change in intensity, inform your doctor as soon as possible. Only your doctor can determine if it is safe for you to continue taking Seroquel.

- *More common side effects may include:*

Abdominal pain, constipation, diminished movement, dizziness, drowsiness, dry mouth, excessive muscle tone, headache, indigestion, low blood pressure, nasal inflammation, neck rigidity, rapid heartbeat, rash, tremor, uncontrollable movements, weakness

- *Less common side effects may include:*

Back pain, cough, difficulty breathing, difficulty speaking, ear pain, fever, flu, loss of appetite, palpitations, sore throat, sweating, swelling, weight gain

- *Rare side effects may include:*

Abnormal dreams, abnormal ejaculation, abnormal vision, abnormal gait, abnormal thinking, acne, alcohol intolerance, amnesia, arthritis, asthma, bleeding gums, bone pain, bruising, chills, confusion, conjunctivitis (pinkeye), dehydration, delusions, diabetes, difficulty swallowing, dry eyes, ear ringing, eczema, eye pain, face swelling, fungal infection, gas, gum inflammation, hallucinations, heavy menstruation, hemorrhoids, impotence, increased appetite, increased sex drive, increased salivation, irregular pulse, itching, jerky or irregular movement, joint pain, lack of emotion, lack of coordination, leg cramps, loss of menstruation, low blood sugar, manic reaction, migraine, mouth sores, muscle weakness, neck pain, nosebleeds, painful menstruation, painful urination, paralysis, paranoia, pelvic pain, pneumonia, rash, rectal bleeding, seborrhea, sensitivity to light, skin inflammation or ulcer, slow heart rate, stomach and intestinal inflammation, stupor, swollen testicles, taste disturbances, teeth grinding, thirst, tongue swelling, twitching, uncontrollable bowel movements, underactive thyroid, urinary frequency or incontinence, urinary retention, urinary tract infection, vaginal bleeding, vaginal inflammation, vaginal yeast infection, vertigo, weight loss

Why should this drug not be prescribed?

[Return to top](#)

If Seroquel gives you an allergic reaction, you will not be able to use this drug.

Special warnings about this medication

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If you develop muscle stiffness, confusion, irregular or rapid heartbeat, excessive sweating, and high fever call your doctor immediately. These are signs of a serious--and potentially fatal--reaction to the drug. Be especially wary if you have a history of heart attack, heart disease, heart failure, circulation problems, or irregular heartbeat.

Particularly during the first few days of therapy, Seroquel can cause low blood pressure, with accompanying dizziness, fainting, and rapid heartbeat. To minimize these effects, your doctor will increase your dose gradually. If you are prone to low blood pressure, take blood pressure medication, or become dehydrated, use Seroquel with caution.

Seroquel also tends to cause drowsiness, especially at the start of therapy, and can impair your judgment, thinking, and motor skills. Until you are certain of the drug's

increased to 3 times daily.

Long-term, the usual dosage is 300 to 400 milligrams a day, taken as 2 or 3 smaller doses. Doses as low as 150 milligrams a day sometimes prove effective, and daily dosage rarely exceeds 750 milligrams. Doses of 800 milligrams or more per day have not been tested for safety.

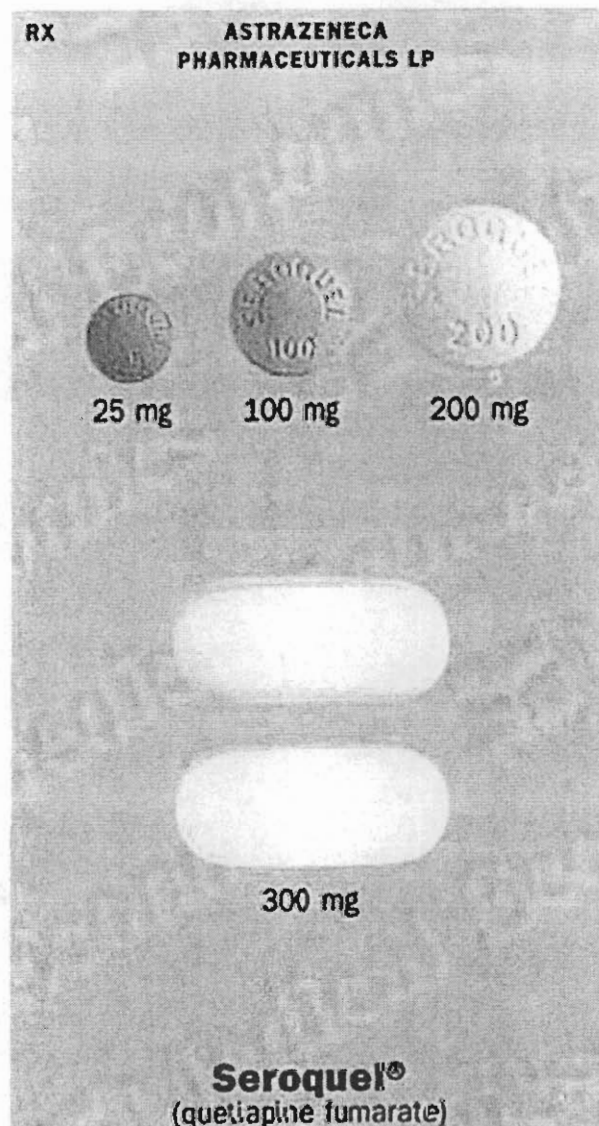
Dosage is increased more gradually--and is maintained at a lower level--for older adults, those with liver disease, those prone to low blood pressure reactions, and the debilitated.

Overdosage

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Any medication taken in excess can have serious consequences. If you suspect an overdose, seek medical help immediately.

- *Symptoms of Seroquel overdose may include:*
Dizziness, drowsiness, fainting, rapid heartbeat



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis, Infirm~~ary~~^{mary}

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 3-10-05

RE: Correspondence dated 2-14 & 2-28-05

Please be advised that this office is in receipt of your correspondence regarding the scheduling of Medical Grievances. Please be advised that Medical schedules their grievance hearings. You can write to the Office of the Health Services Administrator, April Lyons, regarding this matter.

Cc: file

Howard R. Young Correctional Institution
Inter-Dept. Memo

TO: Jimmie Lewis, ID Pod

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 9/2/04

RE: Correspondence dated 7-28-04

Please be advised that this office is in receipt of your regarding personal property at Delaware State Hospital. This office is still attempting to make contact to determine if your property is still at DSH. As soon as a response is received, you will be notified.

cc: file

Howard R. Young Correctional Institution
Inter-Dept. Memo

TO: I/M Jimmie Lewis, 1D Pod

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 8/12/04

RE: Correspondence dated 7/28/04

I/M Lewis, please be advised that no legal-mail or personal property could be located in your property located in Booking & Receiving.

Cc: file

EXHIBIT # 1

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis, 1E Pod
FROM: Sgt. Moody, Inmate Grievance Chairperson
DATE: 12-27-04
RE: Correspondence dated 12-26-04

Please be advised that this office is in receipt of your letter regarding grievances submitted prior to your transfer to Delaware Psychiatric Center. Please be advised that this office has 13 grievances on file. All 13 grievances show a disposition. Presently, there are only (5) five unresolved grievances on file for you, which were filed in the month of December 2004. All five grievances are medical issues.

If you should have any other questions or concerns, please see your Housing Officer, Floor Corporal, Sergeant or Lieutenant.

Cc: file

EXHIBIT # 3

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis, 1E Pod

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 1-3-05

RE: Grievance #10022

This memo is to inform you that the grievance submitted by you dated 12/28/04, regarding information on past grievances is not grievable for the following reason(s): Requests are not processed through the grievance. However, on your behalf, below is listed the information you requested.

| <u>Grievance #</u> | <u>Date</u> | <u>Type</u> | <u>Disposition</u> |
|--------------------|-------------|------------------|--------------------|
| 868 | 1-8-04 | Policy | Non-grievable |
| 1519 | 2-7-04 | Staff Issues | Non-grievable |
| 1914 | 2-24-03 | Medical | Non-grievable |
| 1915 | 2-24-04 | Laundry/Clothing | Non-grievable |
| 2145 | 2-25-04 | Medical | Released |
| 2154 | 2-29-04 | Recreation | Non-grievable |
| 2173 | 3-3-04 | Staff Issues | Non-grievable |
| 2205 | 3-4-04 | Recreation | Non-grievable |
| 2334 | 3-22-04 | Medical | Released |
| 2337 | 3-22-04 | Staff Issues | Non-grievable |
| 2386 | 3-30-04 | Medical | Resolved |
| 3382 | 5-5-04 | Staff Issues | Non-grievable |
| 3392 | 5-5-04 | Disciplinary | Non-grievable |

Cc: file

EXHIBIT # 4



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: Jimmie Lewis, 506622
1E Pod

FROM: Raphael Williams *[Signature]*
Warden IV

DATE: January 24, 2005

SUBJ: **YOUR RECENT CORRESPONDENCE**

You currently have 47 active grievances on file. At this time, your request to receive copies of those grievances is denied, as it is too cumbersome to copy and costly.

RW:adc

DISTRIBUTION

File

EXHIBIT # 5

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: I/M Jimmie Lewis, 1E Pod
FROM: Sgt. Moody, Inmate Grievance Chairperson
DATE: 2-10-05
RE: Correspondence dated 2-8-05

Please be advised that this office is in receipt of your letter regarding status of grievances.
See below:

- (1) One Medical Grievance pending Level III decision #9686
- (1) One Non-Medical Grievance pending RGC Hearing #10867
- (3) Three Medical Grievances pending First Step #10866/#11022/#11260
- (3) Three Non-Medical Grievances pending First Step #11015/#11292/#11293

Cc: file

Howard R. Young Correctional Institution
Inter-Dept. Memo

TO: I/M Jimmie Lewis, 1D Pod

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 8/12/04

RE: Correspondence dated 7/28/04

I/M Lewis, please be advised that no legal-mail or personal property could be located in your property located in Booking & Receiving.

Cc: file